

Case Number:	CM14-0187838		
Date Assigned:	11/18/2014	Date of Injury:	01/15/1997
Decision Date:	03/06/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a heating and air-conditioning installer with a date of injury of 1/15/97. His injury has resulted from repetitive kneeling with current complaints of chronic bilateral knee and hip pain. He has had arthroscopic surgery on both knees. His current diagnoses are chronic bilateral knee pain, chronic hip pain and chronic pain syndrome. Treatment has included medications including Norco 10/325 6 per day and Valium 5 mg 4 times daily. Recent utilization reviews have recommended titrating down and discontinuing those medications. The primary treating physician has requested blood draw for therapeutic levels on pain medication and PGT test for genetic testing.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

(1) Blood draw for therapeutic levels on pain medication, PGT test for genetic testing, submitted diagnosis chronic bilateral knee pain, chronic hip pain, chronic pain syndrome, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid misuse/addiction Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Genetic testing for opioid misuse

Decision rationale: The MTUS does not address blood draws for therapeutic levels of pain medication. The medical records indicate that previous Utilization Reviews have not certified ongoing use of Norco and Valium, recommending gradual titration down and discontinuing those medications. As such the request for testing of therapeutic levels for these medications is not medically necessary. The MTUS does not address PGT test for genetic testing. The ODG guidelines state that genetic testing for opioid misuse is not recommended. This request is not medically necessary.